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No more 'harmful traditional practices'

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NO MORE 'HARMFUL TRADITIONAL PRACTICES': WORKING EFFECTIVELY WITH FAITH LEADERS

Synthesis report of the UK-Government funded project: 'Working effectively with faith leaders to challenge harmful traditional practices'

DR ELISABET LE ROUX AND DR BRENDA BARTELINK

October 2017



tearfund

JOINT LEARNING INITIATIVE on
FAITH & LOCAL COMMUNITIES

NO MORE 'HARMFUL TRADITIONAL PRACTICES': WORKING EFFECTIVELY WITH FAITH LEADERS

Synthesis report of the UK-Government funded project:
'Working effectively with faith leaders to challenge harmful traditional practices'

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Cover photo: This photograph is used for illustrative purposes only; while harmful practices discussed in this report are commonly practised in Niger, the individuals featured have not necessarily been affected by the practices addressed in this paper. Richard Hanson/Tearfund

This report and accompanying documents can be accessed online at:
<http://gender-based-violence.jliflc.com/http-study>

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Executive summary

Introduction

In 2017 a consortium of members of the Joint Learning Initiative on Faith and Local Communities (JLI) undertook a study funded by the UK Department for International Development (DFID), entitled 'Working effectively with faith leaders to challenge harmful traditional practices. The United Nations has defined harmful traditional practices (HTPs) as follows:

Traditional cultural practices reflect values and beliefs held by members of a community for periods often spanning generations. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation (FGM); forced feeding of women; early marriage; the various taboos or practices which prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price. Despite their harmful nature and their violation of international human rights laws, such practices persist because they are not questioned and take on an aura of morality in the eyes of those practicing them.¹

Faith leaders are men and women recognised by their faith community, both formally or informally, as playing authoritative and influential leadership roles within faith institutions to guide, inspire or lead others (of faith). This may be within a formal religious hierarchy of accountability, but also includes informal movements.

This report serves as a synthesis of the study findings.

Methodology

The study included a literature review, online survey, and five case studies, each individual case study focusing on an organisation's work on HTPs and with faith leaders. Consortium members contributed to the study by a) offering their organisations as potential case study settings; b) conducting the research; or c) reviewing the research tools, documents and reports. Ethical clearance for the project was obtained from Stellenbosch University, South Africa.

The literature review focused on a) HTP prevalence data; and b) HTPs within the context of faith and faith actors. Based on the literature review, selection criteria and a questionnaire were designed to identify the focus and organisations for the five case studies. The selection questionnaire was sent to ten organisations, and completed by seven. Drawing on the literature review and completed questionnaires, the four HTPs that the case studies would focus on, as well as the five organisations that would serve as case study settings, were selected. The four HTPs were female genital mutilation/cutting (FGM/C), child and early marriage (CEM), honour-related violence, and son preference. The case study organisations were:

- Tearfund – a Christian charity responding to poverty and disaster, working in 51 countries in Latin America and the Caribbean, Africa, Asia, the Middle East and the UK.

¹ UN Office for the High Commissioner for Human Rights (OHCHR). 1995. 'Fact Sheet No. 23, Harmful Traditional Practices Affecting the Health of Women and Children'. <http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf>. Accessed 5 October 2017.

- Islamic Relief Worldwide (IRW) – an international relief and development agency inspired by the Islamic faith, that believes those in need have rights over those with wealth and power – regardless of race, political affiliation, gender or belief; working in over 40 countries in Africa, Asia, Eastern Europe and the Middle East.
- World Vision International (WVI) – a global Christian relief, development and advocacy organisation dedicated to improving the well-being of children, working with local communities regardless of their faith in more than 100 countries in Asia-Pacific, Latin America and the Caribbean, Europe, the Middle East and Africa.
- ABAAD – a non-profit, non-politically affiliated, non-religious civil association with the aim of promoting sustainable social and economic development in the Middle East and North Africa (MENA) region, through promoting gender equality, protection and the empowerment of marginalised groups, especially women; based in Lebanon and working in the MENA region.
- Christian Aid (CA) – a Christian organisation that insists the world can and must be swiftly changed to one where everyone can live a full life, free from poverty; working in 39 countries across Africa, Latin America and the Caribbean, Asia and the Middle East.

The case studies were conducted using a combination of document review and in-depth interviews.

A short online survey was also done, meant to complement and broaden the information gathered through the case studies. The survey was distributed via four international networks, with a required minimum response rate of 40. However, the survey was completed by 65 persons working on HTPs and/or faith. The majority of the respondents work for a faith-based organisation (FBO), but some non-governmental organisation (NGO) practitioners, researchers, members of a faith group or community, civil servants, and inter-government agency workers also completed the survey.

There are some limitations to this study. These include: a) all except four of the case study interviews were conducted with staff members in national or international offices; b) four of the five case study organisations are large international FBOs, thus the study does not fully represent the experiences of small, local organisations; c) four of the five organisations are either Christian or Muslim organisations – no FBOs of other faiths are represented; d) all five of the organisations prefer not to use the term ‘HTP’, and do not identify their programming and projects on HTPs as such; e) informed by the methodology discussed earlier, certain HTPs were privileged over others; f) the survey data carries certain biases due to the nature of the survey respondents; and g) the review of HTP prevalence data during the literature review shows that it is almost exclusively focused on FGM/C and CEM, lacks comparability, and is mostly informed by a single data source. Despite these limitations, this study represents a novel and timely consideration of the role of faith in the perpetuation and/or discontinuation of HTPs, with important lessons for policymakers and development practitioners.

Key findings

The ‘harm’ in ‘harmful traditional practices’

Various problems and issues were identified with the term ‘harmful traditional practices’ and its use within development discourse. The five case study organisations use the term little or not at all at community level – mainly because it creates resistance and hinders the process of engaging people in local communities to challenge injustice and violence to people, in particular women and girls. Rather, an integrated approach is preferred, which addresses all of the varied factors – such as gender constructs, poverty, and patriarchy – that lead to HTPs. Even when directly and exclusively addressing a specific issue, it is preferred to name the specific practice, rather than use the general term ‘HTP’. The literature review also showed the problematic nature of the term, highlighting how it enforces colonialist discourse and has certain biases around religion.

The role of faith, faith communities and faith leaders in HTPs

Religion is *a contributing* factor to many HTPs, but generally speaking not *the causal* factor. In the continued perpetration and support of HTPs, a complex interaction of religion and culture, but also class, race, ethnicity, and economic and political dynamics is at play. Case study findings suggest that religion is used in various ways to justify cultural beliefs and practices. While faith leaders may be aware that their particular faith does not condone or demand a certain HTP, they remain silent because of the power relations in which cultural expectations are embedded.

Responding to HTPs requires engagement with faith, faith communities and faith leaders. But involving faith leaders is not just a matter of engaging their influence for the good, but also countering some of their existing beliefs and practices that may support and facilitate HTPs.

Approaches

Two approaches stood out as critically important and effective in working with faith leaders on HTPs – a public health approach and a theological approach. It is important to share public health information pertaining to HTPs, because many faith leaders lack the basic sexual and reproductive health knowledge relevant to certain HTPs. Raising awareness of the health consequences of HTPs creates a shared concern with the health and well-being of women and girls and opens up space for conversation and reflection. The four FBOs included in this study always combine public health information with a scriptural/theological approach to harmful practices. This allows these organisations to engage faith leaders in a discourse and framework which they understand and respect as authoritative. In the process of such theological engagement, sacred scriptures are used to rethink and re-envision certain practices in terms of the equality of God's creation. In this way, sacred scripture can be a powerful and even indispensable tool in challenging and transforming unequal and unjust structures and practices.

This highlights a particular strength of *faith-based* organisations working on HTPs. Because of their faith identities, theological engagement by FBOs is permitted and trusted by faith leaders. While non-faith organisations can (and are advised to) engage with faith leaders in their work on challenging HTPs, they lack the authority to engage on the issue *theologically*, unless they partner with a trusted faith actor. One should note, however, that a single FBO cannot necessarily facilitate such engagement with people of all faiths, as the organisation in question has to have the religious authority and trust to be able to engage theologically with a particular faith community.

Four additional strategies were identified to facilitate effective engagement with faith leaders on HTPs:

- addressing HTPs as expressions of broader structures of injustice and violence – by engaging with the various drivers of HTPs, including (importantly) underlying structures of patriarchy
- engaging faith leaders in a way that empowers them to position themselves as community champions
- engaging all levels of the faith hierarchy
- forming faith leader networks around a particular, practical shared concern (such as domestic violence), for in such (inter-faith) networks faith leaders can build a broad and critical mass to challenge HTPs in local settings.

The practicalities of intervention

Small discussion groups, with the same people meeting repeatedly, were reported as an effective way of engaging with faith leaders on HTPs. These groups can be formally structured and include a set curriculum and training, or be informal, requiring only a skilled facilitator. These groups should be safe spaces, created with sensitivity to the power dynamics between participants, including only participants who volunteer to take part, using sensitive language and facilitated with skill and patience with a primary goal of building trust. Such groups benefit from contextual theological engagement, which requires sound resources and materials (e.g. contextual bible studies) that facilitates such engagement. With male faith leaders, it could be helpful if such groups are managed by men's organisations, although such men's groups should be guided and connected to women's groups. In responding to HTPs, it should be a priority to create safe spaces for all people.

Partnering faith

While engaging with faith, faith leaders and faith communities on HTPs should be a component of HTP response, all five organisations call for (and practise) doing so within broader, community-based approaches. An exclusive focus on faith and faith leaders can create division within communities, thus all five organisations partner with various organisations and individuals, on a number of social issues.

Interlocutors are people who are able to introduce and lead conversations on HTPs in communities. Both the case studies and the survey identified faith leaders as effective interlocutors – though it was recognised that not all faith leaders are. Identifying those who are, and including diverse types of faith leaders, is important to engaging faith leaders on HTPs. Traditional or cultural leaders, women, youth, survivors and those affected by HTPs, local health experts, and volunteers were all also identified as potentially effective interlocutors. The ideal interlocutor is someone who embodies a number of these identities.

Conclusion

The term 'harmful traditional practices' is hampering community-based response to these practices. More general terms, such as 'violence against women and girls' or 'gender-based violence', and a focus on underlying ideologies, such as 'patriarchy' or 'harmful masculinities', enables engagement on various harmful practices in the form that they take within particular contexts – including Western societies – thus disrupting the power-laden framing inherent to the term's use.

Religion is a driver of various practices that are harmful to people, particularly women and girls. Addressing these practices will require engaging with religion and faith communities. Those heading faith institutions are the key gatekeepers to these faith communities, and therefore any engagement with religion requires engagement with faith leaders. It is important to note, though, that such engagement need not be limited to FBOs. Non-faith institutions and organisations *should* engage with faith leaders. But when such engagement is theological, requiring scriptural engagement and religious interpretation, FBOs or other authoritative religious actors have a unique role to play.

The following key recommendations from this study are aimed at policymakers and practitioners:

- Do not use the term 'harmful traditional practices' when working in communities.
- If a specific practice is being addressed and needs to be identified, do not generalise but rather name the specific practice, using the terminology considered contextually appropriate.
- Policy, programming and projects should focus on challenging violence (e.g. VAWG or GBV) and gender inequality, rather than HTPs. This allows for context-appropriate programming

and projects that acknowledge gender inequality and violence as problems common to all societies (and not just non-Western ones). It also does not hide the gendered nature of violence.

- Religion is a contributing factor to the continued existence of HTPs, therefore comprehensively addressing HTPs will require engagement with religion.
- A public health approach should form part of engaging faith leaders on HTPs. Many lack even basic sexual and reproductive health knowledge – which is highly pertinent to HTPs such as FGM/C.
- Engaging with faith leaders on HTPs should include a theological, scriptural component, as it enables faith leaders to address sensitive and complex issues while using a discourse and framework they know and respect.
- Engage with the diversity of faith leaders, while also recognising the leadership hierarchy within certain traditions.
- Small group discussions are particularly conducive to discussing HTPs with faith leaders and should include contextual theological materials.
- Faith leader engagement is most effective when part of broader community-based approaches; an exclusive focus on faith leaders is not recommended.

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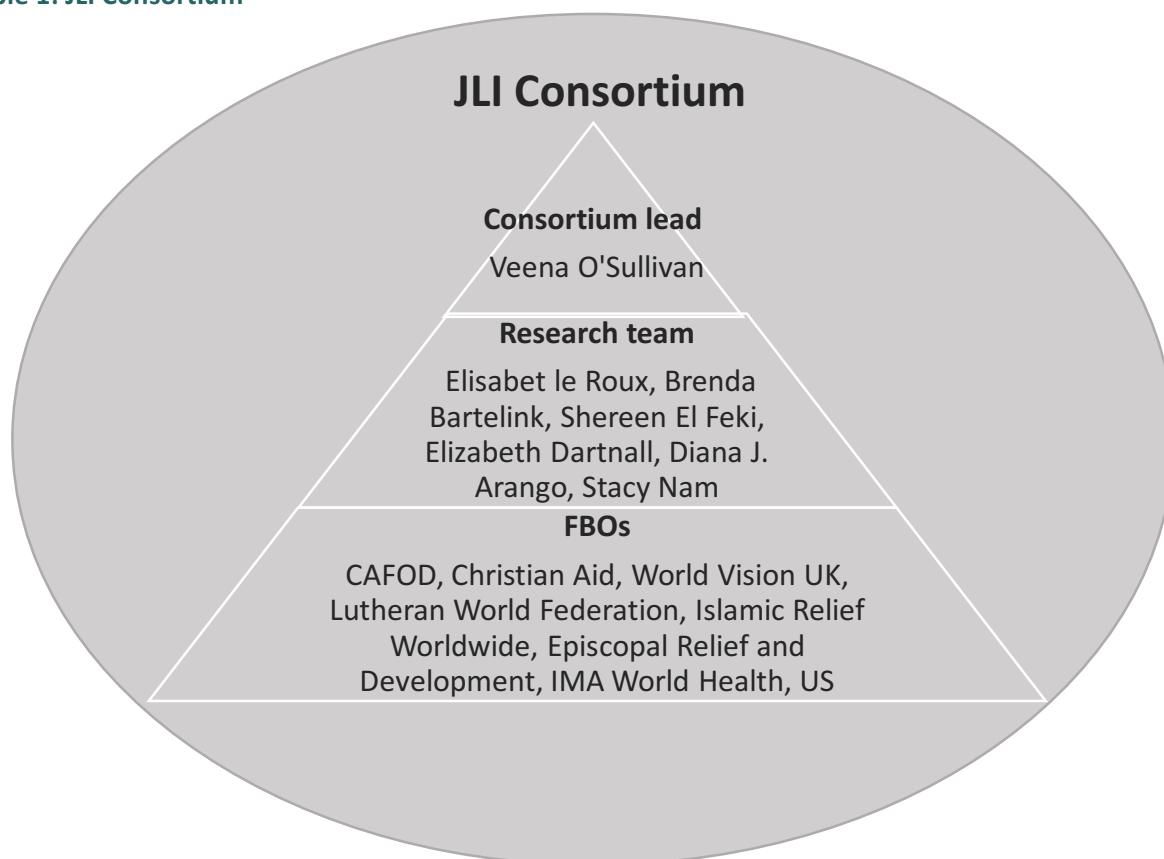
List of abbreviations

CA	Christian Aid
CAAGI	Collective Action for Adolescent Girls Initiative
CEM	child and early marriage
CoH	Channels of Hope
DFID	Department for International Development
DRC	Democratic Republic of Congo
FBO	faith-based organisation
FGM/C	female genital mutilation/cutting
GBV	gender-based violence
HTP	harmful traditional practice
IRW	Islamic Relief Worldwide
JLI	Joint Learning Initiative on Faith and Local Communities
MENA	Middle East and North Africa
M&E	monitoring and evaluation
NGO	non-governmental organisation
SGBV	sexual and gender-based violence
ToR	Terms of Reference
VAW	violence against women
VAWG	violence against women and girls
WVI	World Vision International

1. Introduction

In 2016, the UK Department for International Development (DFID) released a call for proposals for a study entitled 'Working effectively with faith leaders to challenge harmful traditional practices'. Under the lead of Tearfund, a small consortium of organisations and academics undertook this study to investigate best practices around engaging with faith leaders on harmful traditional practices (HTPs). The consortium members are all part of the Joint Learning Initiative on Faith and Local Communities (JLI), an international alliance examining the contribution of faith groups to community health and well-being.²

Table 1: JLI Consortium



The UN has defined HTPs as follows:

Traditional cultural practices reflect values and beliefs held by members of a community for periods often spanning generations. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation (FGM); forced feeding of women; early marriage; the various taboos or practices which prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price. Despite their harmful nature and their

² For more information on JLI, visit <https://jliflc.com/>.

*violation of international human rights laws, such practices persist because they are not questioned and take on an aura of morality in the eyes of those practicing them.*³

This definition has influenced contemporary framing of particular practices that are detrimental to the rights of women and girls as harmful cultural practices, and influenced particular programmes and methodologies designed by development and human rights actors over past decades.⁴

For the purposes of this study, faith leaders⁵ are men and women recognised by their faith community, both formally or informally, as playing authoritative and influential leadership roles within faith institutions to guide, inspire or lead others (of faith). This may often be within a formal religious hierarchy of accountability, with specialised training required. But it also includes informal movements, where leaders emerge from below as endorsed by institutional followers, and may not involve formal training. Lastly, it includes the leaders of faith traditions who may not be seen as narrowly 'religious' by current definitions, such as indigenous spiritual guides.

The research project included a literature review, online survey, and five case studies, with each individual case study focusing on one of five organisations (four of which are faith-based),⁶ and their work on HTPs and with faith leaders.⁷

³ UN Office for the High Commissioner for Human Rights (OHCHR). 1995. 'Fact Sheet No. 23, Harmful Traditional Practices Affecting the Health of Women and Children'.
<http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf>. Accessed 5 October 2017.

⁴ Longman, C. & Bradley, T. 2015. *Interrogating Harmful Cultural Practices: Gender, Culture and Coercion*. Farnham: Routledge.

⁵ UNDP defines 'religious leaders' as men and women with a formal affiliation to a religion or spiritual path who play influential roles within their communities and the broader civil society. This study seeks to emphasise the institutional and authority-laden aspects of the role as well as this. UNDP. 2014. 'Guidelines on Engaging with Faith-based Organizations and Religious Leaders'.
http://www.undp.org/content/dam/undp/documents/partners/2014_UNDP_Guidelines-on-Engaging-with-FBOs-and-Religious-Leaders_EN.pdf. Accessed 2 October 2017.

⁶ Faith-based organisations (FBOs) can be defined as having one or more of the following: 'affiliation with a religious body; a mission statement with explicit reference to religious values; financial support from religious sources; and/or a governance structure where selection of board members or staff is based on religious beliefs or affiliation and/or decision-making processes based on religious values'. (Ferris, E. 2005. 'Faith-based and Secular Humanitarian Organizations'. *International Review of the Red Cross* 87(858): 311–325).

⁷ Some scholars prefer to use the term 'religion' rather than 'faith' because the latter is focused on inward religiosity. Others prefer faith as a broader and more inclusive category because religion is too often associated with organised religion. Acknowledging that most of these terms are contested, this report uses the term 'faith' as a broad category comprising inner convictions as well as practices that have religious or spiritual meanings to people. On using 'religion' rather than 'faith', see Tomalin, E. 2015. *The Routledge Handbook of Religions and Global Development*. London and New York: Routledge; Fountain, P., Bush, R., & Feener, M. (eds.). 2015. *Religion and the Politics of Development*. UK: Palgrave Macmillan; Bartelink, B. 2016. *Cultural Encounters of the Secular Kind: Religious and Secular Dynamics in the Development Response to HIV/AIDS*. PhD thesis, University of Groningen. [http://www.rug.nl/research/portal/publications/cultural-encounters-of-the-secular-kind\(1ef17ccc-0beb-44ad-b962-f26d0126dbd8\).html](http://www.rug.nl/research/portal/publications/cultural-encounters-of-the-secular-kind(1ef17ccc-0beb-44ad-b962-f26d0126dbd8).html). Accessed 3 October 2017. On inward religiosity, see Asad, T. 2001. 'Reading a Modern Classic: W. C. Smith's "The Meaning and End of Religion"'. *History of Religions* 40(3): 205–222. On faith as a broader category, see Le Roux, E. 2014. *The Role of African Christian Churches in Dealing with Sexual Violence Against Women: The Case of the Democratic Republic of Congo, Rwanda and Liberia*. Unpublished doctoral dissertation, Stellenbosch University; Clarke, G. 2007. 'Faith-Based Organizations and International Development. An Overview'. In G. Clarke & M. Jennings (eds.). *Development, Civil Society and Faith-based Organizations: Bridging the Sacred and the Secular*. Basingstoke UK: Palgrave; Hefferan, T. 2007. *Twinning Faith and Development: Catholic Parish Partnering in the US and Haiti*. Hartford, CT: Kumarian Press. On religion being associated with organised religion, see Marshall, K. 2014. 'Faith, Religion,

2. Nature of the report

This report serves as an integrated presentation of the study's key findings, by drawing on the various reports produced over the past six months, including a literature review, five case study reports, and a survey report. It organises these findings around five key themes, namely a) the conceptual challenges of the term 'harmful traditional practices'; b) the role of faith, faith communities and faith leaders in HTPs; c) approaches that are being used when working with faith leaders on HTPs; d) practical pointers for planning and implementing interventions; and e) partnering with faith. With each section a number of recommendations, for policymakers and practitioners, are included.

It should be noted that the individual case study reports, the literature review, and the survey report are stand-alone documents which offer more in-depth information.⁸

3. Summary of the research process

The consortium members contributed to the project in one of three ways:

- By offering their organisations as potential case study settings (ABAAD, CAFOD, Christian Aid, Episcopal Relief and Development, IMA World Health, Islamic Relief Worldwide, Lutheran World Federation, Tearfund, US and World Vision International)
- By conducting the research (Elisabet le Roux and Brenda Bartelink, with Selina Palm, Neil Kramm and Wouter Levinga)
- By reviewing the research tools, documents and reports produced by the lead researchers (Shereen El Feki, Elizabeth Dartnall, Diana J. Arango and Stacy Nam).

International ethical clearance for the research project was obtained on 16 May 2017 from Stellenbosch University's Research Ethics Committee: Human Research (Humanities).⁹

The first step in the research process was a literature review on HTPs, focusing particularly on HTP prevalence data. A secondary focus of the review was on the literature framing the phenomenon within the context of faith and faith actors. This literature review was a crucial step in developing criteria and a questionnaire to identify both the HTPs that would form the focus of this study and the organisations within which the case studies would be done.

Based on the literature review, a selection questionnaire was designed and distributed amongst the consortium's member organisations, as well as some of their partner organisations. A total of ten organisations received the questionnaire, and seven organisations completed it. Results from completed questionnaires were used to select five organisations most suitable as case studies. Selection criteria included that the organisation has a) programming and projects with faith leaders on HTPs; b) documented its engagement on HTPs and with faith leaders; c) been working on various HTPs; d) been working in different geographical locations, as well as various faith contexts.

The case study organisations selected were Tearfund, Islamic Relief Worldwide (IRW), World Vision International (WVI), ABAAD, and Christian Aid (CA).

and International Development'. In P. Oslington (ed.). *The Oxford Handbook of Christianity and Economics*. Oxford Handbooks.

⁸ These are available at <https://jliflc.com/>.

⁹ Proposal number SU-HSD-004364, National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

The four HTPs that the case studies focused on are female genital mutilation/cutting (FGM/C), child and early marriage (CEM), honour-related violence, and son preference. These HTPs were selected based on the literature review, which identified these practices as having the highest prevalence, as well as by reflecting on the HTPs that the case study organisations are addressing.

The case studies were conducted through document review and in-depth interviews (using Skype). The documents reviewed were unique to each organisation and the particular programming and projects that the case study focused on, but included internal and external monitoring and evaluation (M&E) and research reports, case studies, policy documents, information brochures, and internal guidelines.

Furthermore, a short online survey was designed, reviewed, and piloted. The survey was meant to complement and broaden the information gathered during the case studies, as the case studies would provide insights from only five organisations.

The decision was made to keep the survey short, so as to encourage participation, thus 14 of the 23 questions were multiple choice, with only nine open-ended questions. The survey focused on four areas, namely a) gathering basic information on the respondent, including the type of organisation they work for and in which areas of the world; b) the respondent's understanding of the term 'HTP'; c) the respondent's opinion on working with faith leaders; and d) the respondent's opinion on addressing HTPs, particularly within communities.

The survey was distributed via four international networks,¹⁰ who invited their members to complete the survey via direct email, social media, and the networks' websites. The survey was launched on 19 July 2017, and closed on 6 August 2017. The survey invitation stated that individuals that work on HTPs and/or faith should complete the survey, and the survey itself followed a skip-logic that would allow participation from those active within only one of these areas. The minimum number of respondents that was required was 40, but a total of 65 individuals working on HTPs and/or faith completed the survey. The majority of the respondents work for an FBO, but some non-governmental organisation (NGO) practitioners, researchers, members of a faith group or community, civil servants, and inter-government agency workers also completed the survey.

The following table details the research activities chronologically.

Table 2: Research activities

Date	Activity
6 March – 30 April 2017	Literature review
1–10 April 2017	Development and review of selection questionnaire
11–25 April 2017	Distribution and completion of selection questionnaire
1–15 May 2017	Development and review of revised research questions and case study guidelines
15 May 2017	Delivery to DFID of literature review, revised research questions, case study guidelines
16 May 2017	Ethical clearance received
17–22 May 2017	Development and review of case study interview guides
25 May – 31 August 2017	Conducting Tearfund case study

¹⁰ The Sexual Violence Research Initiative (global membership); JLI (global membership); The Africa Regional Sexual and Gender-Based Violence Network (regional network); and the GBV Prevention Network (regional network).

25 May – 31 August 2017	Conducting IRW case study
25 May – 31 August 2017	Conducting WVI case study
25 May – 31 August 2017	Conducting ABAAD case study
25 May – 31 August 2017	Conducting CA case study
1 – 10 July 2017	Development and review of online survey
19 July – 6 August 2017	Online survey
15 – 22 August 2017	Review of five case study reports and survey report
31 August 2017	Delivery to DFID of case study reports and survey report
1 September – 15 October 2017	Development and review of synthesis report
1–30 October 2017	Development and review of three policy briefs
22 October 2017	Delivery to DFID of synthesis report
30 October 2017	Delivery to DFID of policy briefs

The following research tools were designed by the research lead and co-lead specifically for use in this study.

Table 3: Research tools

Tool	Purpose
Selection questionnaire	To be completed by potential case study organisations, to assist in selecting the five most appropriate organisations
Case study guidelines	Overview of case study strategy, including selected HTPs and organisations
KII interview guide template	Interview guide template for virtual interviews conducted during case studies
Revised research questions	Research questions guiding the overall study (revision of original research questions included with DFID ToR)
Template case study framework	Template for compiling the five case study reports
Online survey	Online anonymous survey on HTPs and faith

The following primary documents were produced in the process of conducting the study.

Table 4: Primary documents produced

Primary document		Reference
Interview transcripts		
	6 with Tearfund	
	8 with IRW	
	7 with WVI	
	5 with ABAAD	
	9 with CA	
Literature review		Bartelink, B.E., Le Roux, E. 2017. Harmful traditional practices in the context of faith: a literature review.
Tearfund case study		Le Roux, E. & Bartelink, B.E. 2017. Tearfund: Case study as part of UK aid-funded Working effectively with faith leaders to challenge harmful traditional practices.

IRW case study		Le Roux, E. & Bartelink, B.E. 2017. Islamic Relief Worldwide: Case study as part of UK aid-funded Working effectively with faith leaders to challenge harmful traditional practices.
WVI case study		Bartelink, B.E. & Le Roux, E. 2017. World Vision International: Case study as part of UK aid-funded Working effectively with faith leaders to challenge harmful traditional practices.
ABAAD case study		Bartelink, B.E., Le Roux, E., & Levinga, W. 2017. ABAAD: Case study as part of UK aid-funded Working effectively with faith leaders to challenge harmful traditional practices.
CA case study		Palm, S., Le Roux, E., & Bartelink, B.E. 2017. Christian Aid: Case study as part of UK aid-funded Working effectively with faith leaders to challenge harmful traditional practices.
Survey report		Le Roux, E., Kramm, N., & Bartelink, B.E. 2017. Working effectively with faith leaders to challenge harmful traditional practices: Results from an online survey.
Synthesis report		Le Roux, E. & Bartelink, B.E. 2017. No more 'harmful traditional practices': working effectively with faith leaders. Research report.
Policy brief 1		Le Roux, E., Bartelink, B.E., & Palm, S. 2017. What is the harm in 'harmful traditional practices'? ¹¹
Policy brief 2		Bartelink, B.E., Le Roux, E., & Palm, S. 2017. Sleepy Giants: Mobilising faith leaders as agents of change. ¹²
Policy brief 3		Palm, S., Le Roux, E., Bartelink, B.E., 2017. Amplifying development: Partnering with faith. ¹³

4. Case study description

While this study included a literature review and online survey, the five case studies were the main form of data collection on which the overall study relies. The following table offers a brief overview of the five case studies.¹⁴

¹¹ Le Roux, E., Bartelink, B.E., & Palm, S. 2017. *What is the harm in 'harmful traditional practices'?*

¹² Bartelink, B.E., Le Roux, E., & Palm, S. 2017. *Sleepy Giants: Mobilising faith leaders as agents of change.*

¹³ Palm, S., Le Roux, E., & Bartelink, B.E. 2017. *Amplifying development: Partnering with faith.*

¹⁴ More detail can be found in the individual case study reports.

Table 5: Case descriptions

Organisation	Faith orientation	Countries where active	Internal evidence building	Key projects and programmes included in case study	Number of case study interviews
Tearfund	Christian charity responding to poverty and disaster.	51 countries in Latin America and the Caribbean, Africa, Asia, the Middle East and the UK.	<ul style="list-style-type: none"> All Tearfund projects and programming undergo continuous internal M&E. Tearfund only recently started focusing on HTPs (FGM/C and CEM in particular), but has a history of engaging with faith leaders and communities on SGBV and harmful masculinities. Two of these projects are currently undergoing extensive external evaluation. Tearfund's practice is to undertake a standard scoping period (including research conducted by consultant/s), consultation and action planning, prior to programme development and roll-out. 	<ul style="list-style-type: none"> The <i>Church and Community Mobilisation Process/FGM Program</i> in Tanzania, in partnership with the Africa Inland Church. The <i>Masculinité, Famille, et Foi</i> programme in Kinshasa, Democratic Republic of Congo (DRC), in partnership with the Eglise du Christ au Congo, in urban Kinshasa. The <i>Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities</i> project in 15 target communities near Rethy, in the Ituri Province of the DRC, in partnership with HEAL Africa. A number of research projects on FGM/C in specific countries, such as Sierra Leone, Mali and Tanzania. 	6
IRW	An international relief and development agency inspired by Islam that believes	Over 40 countries in Africa, Asia, Eastern Europe, and the Middle East.	<ul style="list-style-type: none"> IRW tracks all programme and project activities and conducts internal evaluations. 	<ul style="list-style-type: none"> <i>Combating GBV of women and girls in Dekasuftu Woreda Somari Regional State of Ethiopia</i> pilot project. 	8

	those in need have rights over those with wealth and power – regardless of race, political affiliation, gender or belief.		<ul style="list-style-type: none"> Conducts country- and issue-specific research projects on an ad hoc basis. 	<ul style="list-style-type: none"> <i>Orphan Sponsorship</i> programming in Bangladesh and Indonesia. The <i>ForumSyd Gender/Environment</i> project in Kenya. The <i>Integrated Approach to GBV and Child Protection in Humanitarian Action in Mali, Niger and Pakistan</i> three-country pilot project. 	
WVI	A global Christian relief, development and advocacy organisation dedicated to improving the well-being of children, working with local communities regardless of their faith.	More than 100 countries in Asia-Pacific, Latin America and the Caribbean, Europe, the Middle East and Africa.	<ul style="list-style-type: none"> WVI monitors and evaluates all its programming and projects. It has invested considerably in the evaluation of its <i>Channels of Hope</i> (CoH) methodology – 19 studies on various versions of the model have been done thus far, which includes eight evaluation studies in two or more countries. 	<ul style="list-style-type: none"> The CoH methodology, which focuses on engaging faith leaders in tackling sensitive and challenging issues in local communities. A community advocacy tool, <i>Citizens Voice and Action</i>, which is used to mobilise communities to improve citizenship rights. The <i>Child Protection and Advocacy project model</i> for engaging with key community stakeholders (including faith leaders) to address the root causes of violence against children. 	7
ABAAD	A non-profit, non-politically affiliated, non-religious civil association with the aim of promoting sustainable social and economic	Based in Lebanon, working across the MENA region.	<ul style="list-style-type: none"> ABAAD conducts internal M&E of its programming. It has no specific research available that contributes to a broader evidence base for working with faith leaders in challenging HTPs, although it regularly assists other organisations in conducting 	<ul style="list-style-type: none"> ABAAD's advocacy work has been focused on <i>the abolition of Article 522</i> of the Lebanese Penal Code. The organisation's <i>Masculinities Programme</i>, which is a cross-cutting programme across all its activities, facilitated a series of roundtable dialogues under the 	5

	development in the MENA region, through the promotion of gender equality, protection and the empowerment of marginalised groups, especially women.		evaluations and research projects on various gender-related issues and programming.	<p>title '<i>ABAAD dialogues with Religious leaders to end GBV in the MENA Region</i>'.</p> <ul style="list-style-type: none"> • A media campaign with various prominent faith leaders explicitly distancing themselves from VAW and rejecting various HTPs. • The <i>Men Engagement Network</i>. In partnership with the MenEngage Global Network, Sonke Gender Justice Network, and the International Medical Corps, ABAAD launched the MenEngage Lebanon Country Network. 	
CA	A Christian organisation that insists the world can and must be swiftly changed to one where everyone can live a full life, free from poverty.	39 countries across Africa, Latin America and the Caribbean, Asia and the Middle East	<ul style="list-style-type: none"> • No current programming or research solely focused on HTPs that also targets faith leaders, but has externally and internally evaluated programming with faith leaders and communities on a range of community health issues (with HTPs as cross-cutting issues). • M&E of all projects and programming is done, and CA supports local partners in conducting contextual mapping studies. CA has tended to document its project successes on a case-by-case basis, rather than synthesising evidence of success across multiple regions. 	<ul style="list-style-type: none"> • The <i>Collective Action for Adolescent Girls' Initiative (CAAGI)</i> pilot project in Kaduna, northern Nigeria. Partnering with Interfaith Mediation Centre, Women Interfaith Council, Federation of Muslim Women Association of Nigeria, Gender Awareness Trust and Development & Peace Initiative. • The <i>Supporting Faith-Based Organisations to address Gender-Based Violence</i> pilot project in Zimbabwe, in partnership with Padare Enkundleni Men's Forum and the Zimbabwe Council of Churches. 	9

				<ul style="list-style-type: none"> • The <i>Faith in Action: Promoting Gender Justice</i> in Sao Paulo, Brazil, with local partner Koinonia. • The <i>Churches tackling gender inequality and promoting rights</i> project works across nine Brazilian dioceses (areas) in partnership with the Anglican Service of Diakonia and Development. 	
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5. Limitations

This study carries with it several limitations:

- Almost all of the case study interviews were conducted with staff members in national or international offices. Only four interviews were not with such high-level staff (three with faith leaders that are part of the organisation's programming, and one with a staff member from a partner organisation). This limitation was addressed by reviewing M&E documents produced by country-level and community-level staff members, as well as reviews produced by external consultants.
- Four of the five organisations studied here are well-known, well-funded international entities. The fifth, while smaller and focusing mainly on one national context, functions within the same international development sphere. Thus the study is limited in its reflection on the experiences and opinions of small, local organisations operating with limited budget on a small scale. To counter this limitation, an effort was made to include organisations that operate with the help of local partners, thereby allowing for reflection from these partners. ABAAD was also included to allow a consideration of faith-based involvement on HTPs from a non-faith organisation.
- The FBOs are all Christian or Muslim organisations, although they offer their services to all people regardless of faith affiliation. While the study tried to include organisations from other faith groups, no non-Christian/Muslim FBOs that address HTPs, and are active internationally, responded to invitations to take part.
- As will be discussed as part of the key findings, all five of the organisations prefer not to use the term 'harmful traditional practices' in their work with communities. Therefore, their programming and projects on HTPs and faith leaders are not identified as such, but rather as, for example, focusing more generally on GBV or gender justice. Nevertheless, the programming and projects do address certain HTPs, as well as the underlying beliefs and ideologies (for example, patriarchy and gender inequality) that support various HTPs.
- The case studies focus on four HTPs, namely FGM/C, CEM, honour-related violence, and son preference. This bias is also present in scholarly literature, including HTP prevalence data.
- Global prevalence data is only available on FGM/C and CEM. In the literature review the comparability of studies was furthermore made difficult as data was collected using different research and statistical methods, and using different periods and cohorts. Furthermore, the various grey and academic papers available on the prevalence of FGM/C and CEM is informed by the same data sources (namely UNICEF and UNFPA studies). While there is thus the most literature on FGM/C and CEM prevalence globally, there has actually not been that many different empirical studies on it. Furthermore, the focus on a particular HTP means that its relation to contextual cultural practices and their local meaning is lost.
- As 60% of the survey respondents work within Africa (excluding North Africa), one can expect the survey data to reflect an understanding of faith and HTPs that is particularly relevant in this region. Furthermore, as almost 48% of the respondents work for FBOs, this sector's particular positioning in terms of faith and development arguably also influenced the survey data. Thirdly, just over two-thirds of the respondents work with Christianity and Christians. While they all work with other faiths as well, one can expect experiences with Christianity and Christians to colour the survey data. Lastly, sexual violence against women, CEM, and FGM/C are the HTPs that the majority of the respondents work on. Thus, their understanding of HTPs, as reflected in the survey results, will be influenced by their experiences of working with these particular HTPs.

6. Key findings

The following section summarises the key findings that emerged during the research. The in-depth descriptive and explanatory material is intentionally kept to a minimum in this document, as it is provided in the stand-alone literature review, case study reports and survey report. The key findings included here provide a focused discussion of the issues that emerged, clustered around five main areas.

6.1 The ‘harm’ in ‘harmful traditional practices’

In conducting this study, various problems and issues were discovered with the term ‘harmful traditional practices’ and its use within a development context. There exists substantial literature on some of these issues,¹⁵ therefore this section relies on both existing literature and practitioner experiences as documented in the case studies and survey.

The five case study organisations either rarely or never use the term ‘harmful traditional practices’. Some do not use it as they do not see it as very useful, being vague and ill-defined. The biggest problem with the term, however, is that it creates resistance and hinders the process of engaging people in local communities to challenge injustice and violence to people, in particular women and girls. This experience of a CA senior programme officer exemplifies the experiences of all the organisations:

And we really had a pushback from the traditional leaders from that community when they heard us talking to the number of harmful traditional practices. And you know, they basically made an argument that there is no such thing as a harmful traditional practice: ‘What it is, is first of all you people from the outside, you are non-Tsonga people. You come in and you vilify our traditional practices because you don’t understand them. So don’t talk to us about harmful traditional practice.’ In a sense because that experience really made an impression on me, we stopped using that terminology because we realised it was shutting doors for us instead of opening doors.¹⁶

Using the term immediately positions these organisations as critical of culture and religion. Since they all attempt to work holistically and engage constructively with religious and cultural dimensions of development, this is not only unhelpful but also seen as contrary to the principles and approaches of these organisations. At best, then, some of the organisations use the term if required when engaging with policymakers, funders, and in the development sector – but never when doing actual grassroots work in communities.

All five organisations prefer using an integrated approach that allows them to address the varied factors – such as gender constructs, poverty, and patriarchy – that lead to HTPs in the first place. This resonates with what various scholars have highlighted, namely the need for better historical and contemporary insights into what supports and sustains harmful practices within a particular context or community.¹⁷ When the case study organisations do address a particular practice, they name the specific practice, using the terminology that is accepted within the community (for example, in some settings the term ‘female genital mutilation or cutting’ will be unacceptable, as the term ‘female

¹⁵ See, for example: Longman & Bradley, 2015; Winter, B., Thompson, D., & Jeffreys, S. 2002. ‘The UN Approach to Harmful Traditional Practices’. *International Feminist Journal of Politics* 4(1): 72–94; Carpenter, R.C. 2004. Some Other Conceptual Problems: A Reply to Winter, Thompson and Jeffreys’ Critique of the UN’s Approach to HTPs. *International Feminist Journal of Politics* 6(2): 308–313.

¹⁶ CA, Sandra, 23 June 2017. Pseudonyms are used throughout the report when referring to interview participants.

¹⁷ Bradley, T. 2015. ‘Dowry, Activism and Globalisation’. In C. Longman & T. Bradley (eds.). *Interrogating Harmful Cultural Practices: Gender, Culture and Coercion*. Farnham: Routledge.

circumcision' is used), rather than use the general term 'HTP'. But all five organisations rarely address HTPs exclusively, choosing rather to integrate it into broader programmes. WVI, for example, has child protection programming where the issue of CEM is addressed in various projects such as girl-child education, income-generation activities, child sponsorship and advocacy on marriage laws. Furthermore, these organisations prefer engaging more generally on underlying issues such as 'harmful masculinities' or 'discrimination'. This allows them to address a wider variety of causal factors, some of which may underlie various HTPs, rather than just one specific practice.

Much of the literature reviewed at the start of this study also reflects on the problematic nature of the term. While the literature review should be consulted for a more in-depth discussion, it is important to highlight two points here, especially considering that the four FBOs (note that ABAAD is not an FBO) are based in Western countries, but work almost exclusively in non-Western settings.¹⁸

Firstly, **the term itself enforces colonialist discourse**. When the term first emerged in the 1950s, it was 'harmful *traditional* practices', which was also the case with the 1995 UN Fact Sheet No. 23 ('Harmful Traditional Practices Affecting the Health of Women and Children').¹⁹ By 2002, 'tradition' had been scrapped by the UN and reference is only made to 'harmful *cultural* practices'. Nevertheless, both terms are still used in policy documents across the globe.²⁰ The use of the term 'traditional', as it was first introduced by the UN, leads to these harmful practices automatically being juxtaposed with the 'modern'.²¹ The implication is that these harmful practices will disappear once the society is properly modernised.²² Religion and secularism are similarly implicated, as part of the broader secular/faith binary within development discourses,²³ with the modern, Western, liberated individual seen as secular,²⁴ whereas the traditional, non-Western, oppressed individual is religious. As Chia Longman and Tamsin Bradley argue in their edited volume on HTPs:

*...the modern body is also very much envisaged as secular; the liberal emancipated and autonomous conception of body is posed against the religious body as coerced and oppressed.*²⁵

Part of the problem is the overwhelming focus on non-Western HTPs. The UN, which first introduced the term onto the international stage and has been instrumental in keeping it on the international development table, reinforces this non-Western focus²⁶, as it too emphasises almost exclusively non-Western HTPs.²⁷ Almost all the literature available on HTPs focuses on practices that are found in non-Western societies.²⁸ Critics have long been decrying how HTPs are conceptualised as only occurring within non-Western cultures,²⁹ identifying many practices within Western cultures that should be

¹⁸ In this report the terms 'Western' and 'non-Western' are used, rather than 'Global North' and 'Global South'. This is to recognise that Western nations and cultures are also present within the Global South, and non-Western nations and cultures within the Global North.

¹⁹ UN Office of the High Commissioner for Human Rights (OHCHR). 1995. Fact Sheet No. 23, 'Harmful Traditional Practices Affecting the Health of Women and Children'. <http://www.ohchr.org/documents/publications/factsheet23en.pdf>. Accessed 3 October 2017.

²⁰ Longman & Bradley, 2015.

²¹ Longman & Bradley, 2015; Long, N., Alberto A., & Ong, K. 1999. *Anthropology, Development, and Modernities: Exploring Discourses, Counter-tendencies, and Violence*. Routledge.

²² Winter et al, 2002.

²³ Le Roux, E. & Loots, L. 2017. 'The Unhealthy Divide: How the Secular–Faith Binary Potentially Limits GBV Prevention and Response'. *Development in Practice* 27(5): 733–744.

²⁴ Bartelink, 2016.

²⁵ Longman & Bradley, 2015: 24.

²⁶ Longman & Bradley, 2015.

²⁷ Winter et al., 2002.

²⁸ Bartelink, B.E., Le Roux, E. 2017. 'Harmful Traditional Practices in the Context of Faith: a literature review'.

²⁹ Longman & Bradley, 2015; Winter et al., 2002.

identified as HTPs, including cosmetic surgery, make-up, depilation, reproductive technologies, high heels, degrading or restricting clothing, pornography, and beauty pageants.³⁰

The four FBOs, albeit indirectly, also contribute to the narrative of HTPs being a non-Western problem. These FBOs are founded, funded and headquartered in the West, but working within non-Western countries and working on non-Western HTPs. However, there is awareness of and discomfort with this role, as illustrated when some of the consortium members questioned the nature of and focus on HTPs in the study and their participation in it. One consortium partner, seeing the focus on non-Western HTPs, asked to be excluded:

*I note you have tried hard to make it more palatable, but the term 'harmful traditional practices' is just too loaded. I can't swallow it myself, and I could not bring myself to try to use it with partners. If I thought we were going to look at binge drinking at hen nights and stag nights and adolescent over-dieting, as well as FGM [then we could've taken part] ...*³¹

Informed by their experiences of working with the terms in local communities, those who did participate in the study were sceptical of the term 'HTP' for its perceived links with colonial discourses and Western imperialist agendas. As mentioned earlier, most of the organisations only used the term when engaging with international development actors, because it is seen as the 'vernacular' in that particular context.³² For some FBOs it raised the question of to what extent FBOs should advocate for more inclusive language on an international level. Academic research and scholarly analysis indicate that these should not be seen as mere perceptions that need to be navigated, but taken seriously as critique from the grassroots that is backed up by historical, ethical and anthropological research.³³

Secondly, in public, policy and academic discourses on HTPs, **certain biases around religion** can be observed.³⁴ The focus tends to be on Islam, with additional interest in Christianity.³⁵ References to Hinduism, Buddhism or other faiths or world views were absent from the literature reviewed for this study.³⁶ Despite the prevalence of a number of the practices (such as CEM, son preference and honour-related violence) in contexts where these faiths are widely practised, the focus seems to be on Islam and/or Christianity when faith is considered in relation to HTPs. Unfortunately, this study contributes to this exclusive focus. While they work with different faith groups in certain settings, all four FBOs are either Christian or Muslim, they work mostly with Christians and Muslims, and their reflection and programming on HTPs and faith are coloured by this positioning.

What this study has done, though, is to reflect on these Christian and Muslim organisations within the same framework using the same lens. This appears to be a somewhat novel approach, for in existing

³⁰ Jeffreys, S. 2015. *Beauty and Misogyny: Harmful Cultural Practices in the West*. 2nd Edition. London and New York: Routledge; Bradley, T. & Longman, C. 2015. 'Harmful Cultural Practices: Towards a Research Frame'. In C. Longman & T. Bradley (eds.). *Interrogating Harmful Cultural Practices: Gender, Culture and Coercion*. Farnham: Routledge.

³¹ Magda, personal communication, 5 May 2017.

³² WVI, Judy, 10 July 2017.

³³ Longman & Bradley, 2015; Abu-Lughod, L. 2016. 'The Cross-Publics of Ethnography: The Case of "the Muslimwoman"'. *American Ethnologist* 43(4); Abu-Lughod, L. 2013. *Do Muslim Women Need Saving?* Cambridge, MA: Harvard University Press; Earp, B.D. 2016. 'Between Moral Relativism and Moral Hypocrisy: Reframing the Debate on "FGM"'. *Kennedy Institute of Ethics Journal* 26(2): 105–144; Mwangi, P.M. 2002. 'The Song-Narrative Construction of Oral History through the Gikuyu Muthirigu and Mwomboko'. *Fabula* 43(1); Murray, J. 1976. 'The Church Missionary Society and the "Female Circumcision" Issue in Kenya 1929–1932'. *Journal of Religion in Africa* 8(2): 92–104.

³⁴ Bradley, T. 2011. *Religion and Gender in the Developing World: Faith-based Organizations and Feminism in India*. London: I.B. Tauris; Longman & Bradley, 2015; Ergas, Y. 2016. 'Regulating Religion Beyond Borders: The Case of FGM/C'. In J.L. Cohen & C. Laborde (eds.). *Religion, Secularism, and Constitutional Democracy*, New York: Columbia University Press, 66–88.

³⁵ Longman & Bradley, 2015.

³⁶ Bartelink & Le Roux, 2017.

literature Islam and Christianity tend to be discussed and represented differently.³⁷ Arguably at least partly a result of the concern with violent religious extremism and the growing Islamophobia within many Western countries, Islam is most extensively discussed as a source of legitimisation of harmful practices.³⁸ While this is sometimes supported by prevalence data, and while interpretations of Islam have in some contexts become a source of legitimisation of certain cultural practices in response to colonial concerns with these practices, in most cases it is not clear how Islam and a particular practice are related in a particular context.³⁹ For example, FGM/C is the most focused-on HTP in the West, with many campaigns, media coverage and popular accounts in the press.⁴⁰ But it is understood by the general public in the West as being an Islamic practice, whereas research on FGM/C in no way supports this view.⁴¹ The recurrent reference to Islam as a source of legitimisation of HTPs problematises Islam and Muslim cultures, and is particularly deleterious to Muslim women who tend to be treated as voiceless victims, rather than as agents, in these conversations.⁴²

On the other hand, while Christianity is in some cases also identified as legitimising certain practices, the roles of Christian leaders in tackling or overcoming HTPs in local contexts is generally discussed more positively in academic literature.⁴³ But one should not view Christian efforts to eradicate certain HTPs outside the context of colonial agendas and their influence in postcolonial politics.⁴⁴ The Christian dominance in the field of development in the postcolonial world has shaped intensive interactions and partnerships between Christian institutions and leaders and international development actors.⁴⁵ One can conclude that there is no level playing field when it comes to faith actors' engagement in challenging HTPs. Concerns with Islam in the context of contemporary political and public debates are often not neutral, but highlight how Muslims are positioned as a cultural or religious 'other'.⁴⁶

³⁷ Longman & Bradley, 2015; Bartelink & Le Roux, 2017.

³⁸ Abu-Lughod, 2013; Longman & Bradley, 2015.

³⁹ Van Raemdonck, A. 2016. *Female Genital Cutting and the Politics of Islamicate Practices in Egypt. Debating Development and Religious/Secular Divide*. Unpublished PhD thesis, University of Ghent.

⁴⁰ Longman & Bradley, 2015; Longman, C. & Coene, G. 2015. 'Harmful Cultural Practices and Minority Women in Europe: From Headscarf Bans to Forced Marriages and Honour Related Violence'. In C. Longman & T. Bradley (eds.). *Interrogating Harmful Cultural Practices: Gender, Culture and Coercion*. Farnham: Routledge; Gruenbaum, E. 2006. 'Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan'. *Medical Anthropology Quarterly* 20(1): 121–138.

⁴¹ Bartelink & Le Roux, 2017; Boddy, J. 2016. 'The Normal and the Aberrant in Female Genital Cutting: Shifting Paradigms'. *HAU: Journal of Ethnographic Theory* 6(2): 41–69; Roth, R. 2013. 'Female Genital Mutilation'. In J.A. Sigal & F.L. Denmark (eds.). *Violence against Girls and Women. International Perspectives*. Santa Barbara: ABC-CLIO; Shell-Duncan, B. & Hernlund, Y. 2006. 'Are There "Stages of Change" in the Practice of Female Genital Cutting? Qualitative Research Findings from Senegal and the Gambia'. *African Journal of Reproductive Health* 10(2): 57–71; Gruenbaum, 2006.

⁴² Abu-Lughod, 2016; Longman & Coene, 2015; Abu-Lughod, 2013; Mahmood, S. 2005. *Politics of Piety: the Islamic Revival and the Feminist Subject*. Princeton, N.J.: Princeton University Press.

⁴³ El-Damanhoury, I. 2013. 'The Jewish and Christian View on Female Genital Mutilation'. *African Journal of Urology* 19(3): 127–129; Roth, 2013.

⁴⁴ Boddy, 2016; Wanjiku-Kamashi, J. 2015. 'Transcending Female Circumcision: A Call for Collective Unmasking'. In C. Longman & T. Bradley (eds.). *Interrogating Harmful Cultural Practices: Gender, Culture and Coercion*. Farnham: Routledge; El-Damanhoury, 2013.; Schaftroth, V. 2009. 'Female Genital Mutilation in Africa – an Analysis of the Church's Response and Proposals for Change'. *Missiology* 37(4): 527. West, G.O. & Dube, M.W. (eds.). 2000. *The Bible in Africa: Transactions, Trajectories, and Trends*. Leiden, Netherlands: Brill; Murray, 1976.

⁴⁵ Bartelink, 2016; Van der Veer, P. (ed). 1996. *Conversion to Modernities: The Globalization of Christianity*. New York & London: Routledge; Comaroff, J.L. & Comaroff, J. 2006. 'Colonization of Consciousness. Ethnography and the Historical Imagination'. Reprinted in Lambek, M. (ed.). *A Reader in the Anthropology of Religion*. New York: Wiley; Van Harskamp, A. 2004. 'Introduction'. In O. Salemink, A. Van Harskamp, & A.K. Giri (eds.). *The Development of Religion/The Religion of Development*. Delft: Eburon; Pieterse, J.N. 2001. *Development Theory: Deconstructions/Reconstructions*. London: Sage Publications; Brinkman, I. 2007. 'Beyond the "Development era": Debates on Colonialism, the Christian Missions and Development'. In P. Hoebink (ed.). *The Netherlands Year Book on International Cooperation*. Assen: Koninklijke van Gorcum; Lewis, D. 2009. 'International Development and the Perpetual Present: Anthropological Approaches to the Re-historicization of Policy'. *European Journal of Development Research* 21(1).

⁴⁶ Longman & Bradley, 2015; Abu-Lughod, 2013. Fadil, N. & Fernando, M. 2015. 'Rediscovering the "Everyday" Muslim. Notes on an Anthropological Divide'. *HAU Journal of Ethnographic Theory* 2: 59–88.

It should be noted that, while this study is critical of the term ‘HTP’ and strongly discourages its use, this study’s Terms of Reference (ToR) and implementation was framed by using the term. Therefore, the discussion of findings will continue using the term.

Recommendations

- Do not use the term ‘harmful traditional practices’ when working in communities.
- If a specific practice is being addressed and needs to be identified, do not generalise but rather name the specific practice, using the terminology considered contextually appropriate.
- Policy, programming and projects should focus on challenging violence (e.g. VAWG or GBV) and gender inequality, rather than HTPs. This allows for context-appropriate programming and projects that acknowledge gender inequality and injustice as problems common to all societies (and not just non-Western ones). It also does not hide the gendered nature of violence.
- Reframe the language used when responding to HTPs, to language that focuses on solutions and the desired situation rather than problems. For example, frame and communicate programming focusing on CEM as ‘increasing education for adolescent girls’, rather than ‘child and early marriage’.

6.2 The role of faith, faith communities, and faith leaders in HTPs

HTPs are driven by a complex interplay of factors. These drivers include gender constructs, patriarchal structures, ethnicity, socio-economic circumstances, and power relations.⁴⁷ Academic literature also identifies faith, and faith leaders, as one of the drivers of HTPs. For example, faith leaders can play a critical role in supporting or withholding people from practising CEM – simply through their willingness or refusal to perform the faith-based rituals associated with marriage.⁴⁸

All five organisations focused on in this study identify **religion as a contributing factor to HTPs, but not the causal one**. In other words, while these organisations acknowledge the role religion plays in the legitimisation of HTPs, they do not consider it the main or sole reason why HTPs persist. Instead, the case studies suggest that the organisations see in the continued perpetration and support of HTPs at play a complex entanglement of religion and culture, with religion used in various ways to justify cultural beliefs and practices.⁴⁹ It was argued, for example, that religious beliefs supporting FGM/C

⁴⁷ Gemignani, R. & Wodon, Q. 2015. ‘Child Marriage and Faith Affiliation in Sub-Saharan Africa: Stylized Facts and Heterogeneity’. *The Review of Faith & International Affairs* 13(3): 41–47; Kogacioglu, D. 2004. ‘The Tradition Effect: Framing Honor Crimes in Turkey’. *Differences: A Journal of Feminist Cultural Studies* 15(2): 119–151; Kulczycki, A. & Windle, S. 2011. ‘Honor Killings in the Middle East and North Africa’. *Violence Against Women* 17(11): 1442–1446; Kitt, A., Kumar, P., & Yodav, R. 2011. ‘The Face of Honour Based Crimes: Global Concerns and Solutions’. *International Journal of Criminal Justice Studies* 6: 1.

⁴⁸ Blackburn, S. & Bessell, S. 1997. ‘Marriageable Age: Political Debates on Early Marriage in Twentieth-Century Indonesia’. *Indonesia* 63: 107–141.

⁴⁹ This resonates with findings in the literature. Cf. Van Raemdonck, 2016; Boddy, 2016; Johnson M. 2007. ‘Making Mandinga or Making Muslims? Debating Female Circumcision, Ethnicity, and Islam in Guinea-Bissau and Portugal’. In Hernlund, Y. & Shell-Duncan, B. (eds.). *Transcultural Bodies: Female Genital Cutting in Global Context*. New Brunswick, Rutgers University Press: 202–223; Gruenbaum, E. 2015. ‘Epilogue: Harm and Well-Being: Cultural Practices and Harmful

and CEM tend to revolve around the sanctification of sexual purity and chastity, and the need to control women's sexual desire and activity.⁵⁰ However, it was also argued by the FBO staff and faith leaders interviewed during the study that these religious justifications for specific practices are actually due to a conflation of culture and religion. They argue that, while dominant discourses within Christianity and Islam do prioritise sexual purity and fidelity, there are no religious tenets that require FGM/C or CEM. In other words, the religious tenets supporting HTPs are actually cultural norms that have been couched in religious terminology, which is something faith leaders have to be guided to realise – as the following quote illustrates:

*[I]f you come to help [faith leaders] understand that no, these practices are not right but are harmful, these practices cannot be bound by scripture, it will take a long time ... [W]e walk with religious leaders by helping them improve their capacity so that they change from what they thought was right before, to something that they can now see.*⁵¹

It is important to note a difference between the perspectives of the majority of the literature on HTPs, versus the organisational perspectives (as represented in the case studies) on how HTPs relate to faith. Scholarly literature argues that HTPs are due to the interplay between multiple drivers, including faith, culture, ethnicity, gender, race and class. However, while the case study organisations recognise the multiple drivers of HTPs, they prioritise faith and culture. Furthermore, they (especially participants from the four FBOs) emphasise the importance of disentangling faith and culture, arguing that true faith (that is not influenced by culture) will not support or facilitate HTPs. There thus appears to be the belief that faith, when cleansed from cultural influence, is not a driver of HTPs.

In addition, the case studies also indicate that HTPs are not only the result of what is seen as a mistaken conflation of culture and religion, but also as some **faith leaders consider silence as the safer or easier option**. Study findings show that people are at times aware that their particular faith does not condone or demand a certain HTP – yet they continue it all the same due to the need to conform to cultural or societal expectations. A reflection on the response of Christians in Mali to FGM/C is an example of this:

*[F]or instance, the Christians that we've spoken to in Mali, they say that 'our Bible doesn't say, you know, that we should be doing FGM, but if we don't do it then actually we are called certain names ... So if we don't do it then our girls, we will be unclean, you know. We are Christians, we know what the Bible says. It says the body what God has created, we should not change it, you know, our body is a temple of God, you know, all those things. [But] If we don't do it then our girls are called [unclean]. We don't want our girls to be [unclean], we don't want them not to be able to have access to community life ...'*⁵²

Navigating cultural and traditional sensitivities in the context of broader power structures often makes silence the safer or easier option for faith leaders. Verena Schafroth, for example, observes how churches remain silent on FGM/C as, due to the dominant patriarchal structure of many Christian institutions, the lives and bodies of women are seen as private and/or irrelevant to the faith practice.⁵³ When faith leaders decide to speak out on an HTP they do not only challenge a particular practice, but the broader patriarchal structures of their faith, faith community and the broader community. This

Global Practices'. In C. Longman & T. Bradley (eds.). *Interrogating Harmful Cultural Practices: Gender, Culture and Coercion*. Farnham: Routledge.

⁵⁰ For academic literature on this point, cf. Van Raemdonck, 2016; El-Damanhoury, 2013; Le Roux, E. 2012. 'Why Sexual Violence? The Social Reality of an Absent Church. In H.J. Hendriks, E. Mouton, L. Hansen, & E. Le Roux (eds.). *Men in the Pulpit, Women in the Pews? Addressing Gender Inequality in Africa*. Stellenbosch: SUNPRESS.

⁵¹ WVI, Joseph, 30 June 2017.

⁵² Tearfund, Françoise, 30 June 2017.

⁵³ Schafroth, 2009. This is also observed in relation to sexual violence by Le Roux, 2012.

requires not only an awareness of patriarchy, but also the willingness to oppose it. Many faith leaders simply do not have the courage to do so.

Literature also indicates that some faith leaders' support for HTPs might be due to a particular political or cultural position. Within certain contexts, faith-based legitimisation of some HTPs have emerged or been promoted in reaction to colonialism, or in reaction to what is experienced as Western imperialism in postcolonial contexts. For faith leaders to challenge such HTPs means taking on a particular political or cultural position.⁵⁴ An example of this is FGM/C in Egypt, where the influence of Western actors in anti-FGM/C campaigns in the country contributed to conservative faith actors (re-)claiming FGM/C as an Islamic practice.⁵⁵

The four FBOs included in this study all prioritise working with faith communities,⁵⁶ as they see faith communities as spaces where beliefs, behaviours and social norms – both positive and negative – are created and reinforced (and can be challenged). Thus such engagement is needed, to counter negative social norms, but also to encourage and support positive norms. The FBOs emphasise that to engage with faith communities, **one has to work through faith leaders**. In the various communities across the world that Tearfund, IRW, WVI and CA work, they have found that faith leaders are very influential, as faith is integral to people's lives, especially in rural areas. Recent research by Tearfund in the DRC illustrates this, where 95% of respondents in a baseline household survey identified with a religion, and faith leaders were identified as the only social referent whose opinion people felt significantly motivated to comply with.⁵⁷

All five organisations (ABAAD included, as part of its strategy of holistic GBV response) work directly with faith leaders on HTPs, as they recognise these individuals as crucial gatekeepers. See, for example, how WVI explains the role of faith leaders in relation to HTPs:

*Faith communities, faith leaders and community leaders play a crucial gate-keeping role in the community. They can either block or allow messages/approaches to be distributed within the communities. In some cases, they might even obstruct messages when they feel the messages/approaches are in opposition to their faith and values. There may also exist cultural and religious practices, which contribute to or exacerbate the issues that limit CWB [community well-being]. The combined effect of the gate-keepers blocking messages, together with the harmful cultural/religious practices, act as filters which limit the effectiveness of the efforts from the government and WVI and other NGOs.*⁵⁸

⁵⁴ Zwemer, S.M. 1915. *Childhood in the Moslem World*. Fleming H. Revell Company; Ali, A.A. 2000. 'Child Marriage in Islamic Law'. Unpublished MA Thesis, Institute of Islamic Studies, McGill University; Prettitore, P.S. 2015. 'Family Law Reform, Gender Equality, and Underage Marriage: A View from Morocco and Jordan'. *The Review of Faith & International Affairs* 13(3): 32–40.

⁵⁵ Van Raemdonck, 2016.

⁵⁶ 'Faith communities' are understood to refer to a single group of regular congregants focused around a meeting place, a religious denomination, or a collective term for people who profess widely varying beliefs and practices but are linked by a common identification as believers. Cf. Karam, A., Clague, J., Marshall, K., & Olivier, J. 2015. 'The View from Above: Faith and Health'. *The Lancet* 386(10005): 22–24.

⁵⁷ Sandilands, M., Jewkes, R., Baguma Lele U., & Scott, N. 2017. 'Does Faith Matter? Faith Engagement, Gender Norms and Violence against Women and Girls in Conflict-affected Communities: Baseline Research in Ituri Province, Democratic Republic of Congo'. Tearfund, UK.

⁵⁸ World Vision. 2014. *Channels of Hope Theory of Change*. <https://jliflc.com/wp/wp-content/uploads/2014/07/Add2-Doc1-ToC-FINAL.pdf>. Accessed 24 July 2017.

These organisations engage with faith leaders not only to utilise their influence for the good, but also to understand and counter existing negative gender practices.⁵⁹ The case studies show that many faith leaders struggle to differentiate between cultural and religious imperatives and thus actively support HTPs; in some communities, faith leaders are also traditional leaders, reinforcing a conflation of culture and religion; and some faith leaders stay silent, refusing to either support or oppose HTPs. Nevertheless, all five of the organisations see the potential of faith leaders in being positive agents for change. See, for example, how IRW prioritises this as a strategy in their FGM/C policy:

*Islamic Relief will mobilise local scholars, religious bodies and other influential agents – male and female – to publicly de-link FGM/C from Islam. Where appropriate, this may involve training programmes for imams and community leaders. Islamic Relief will also work with religious bodies, academic institutions and governments to conduct research that will provide greater insight into the practice, as well as help develop policy positions and fatwas that support its abandonment.*⁶⁰

All of the organisations report working with faith leaders – WVI has, for example, designed a methodology for engaging with faith leaders on difficult social issues (in which HTPs such as CEM, FGM/C, son preference and honour-related violence is addressed, depending on the community context). However, such engagement is not without its challenges. Religious and sectarian differences, as well as broader power relations, mean that faith leader engagement can easily lead to disputes.⁶¹ For example, ABAAD decided to facilitate roundtable discussions on SGBV between civil society organisations and faith leaders, as the polarisation between the groups was seen as unhelpful in advancing gender equality. Faith leader engagement needs to be done with care and with sound knowledge about the power relations within faith and local contexts, so as to avoid further polarisation. The next section discusses in more detail how these organisations approach engaging faith leaders on challenging HTPs, including engagement with theological and scriptural sources.

Recommendations

- Religion is a contributing factor to the continued existence of HTPs, therefore comprehensively addressing HTPs will require engagement with religion.
- Work with and through faith leaders, so as to engage with the religious drivers of HTPs.
- To engage faith leaders successfully, contextual knowledge is of key importance, as faith leaders are a hugely diverse category characterised by differences in faith and power.

⁵⁹ Haddad, B. 2002. 'Gender Violence and HIV/AIDS: A Deadly Silence in the Church'. *Journal for Theology for Southern Africa* 114: 96–106; Solarsh, B. & Frankel, J. 2004. 'Domestic Violence in the South African Jewish Community: A Model for Service Delivery'. *Journal of Religion and Abuse* 6 (3/4): 113–128; Tomkins, A., Duff, J., Fitzgibbon, A., Karam, A., Mills, E.J., Munnings, K., & Smith, S. 2015. 'Controversies in Faith and Health Care'. *The Lancet* 386(10005): 1776–1785; Thomson, J. 2014. 'Local Faith Actors and Protection in Complex and Insecure Environments'. *Forced Migration Review* 48: 5–6.

⁶⁰ Lethome I. & FitzGibbon, A. 2016. 'One Cut Too Many – Policy Brief of Female Genital Mutilation'. Internal and external policy brief, Islamic Relief Worldwide. <file:///C:/Users/eleroux/Downloads/pol2.pdf>. Accessed 31 July 2017.

⁶¹ Østebø, M.T. & Østebø, T. 2014. 'Are Religious Leaders a Magic Bullet for Social/Societal Change?: A Critical Look at Anti-FGM Interventions in Ethiopia'. *Africa Today* 60(3): 82–101.

6.3 Approaches

The five case studies, literature review and survey provided an overview of successful approaches to engaging with faith leaders on HTPs. Two approaches stood out as critically important and effective in working with faith leaders on HTPs – a public health approach and a theological approach.

All five case study organisations reported the importance of sharing **public health information** in such a way that faith leaders can access and understand it. The literature on interventions also suggests that public health information is part of successful faith leader engagement.⁶² To understand how and why the sharing of public health knowledge can be important in changing faith leaders' understanding of and attitude towards HTPs, it is important to realise that, while some faith leaders are educated, many are not. In addition, even those who are theologically trained often lack basic knowledge about sexual and reproductive health and rights. Their understanding of how certain HTPs physically affect the body (for example, what is done during FGM/C and how it impacts the female body) is extremely limited or even entirely absent. These organisations have found that providing insight into the health consequences of particular practices can even sometimes be enough for a faith leader to start opposing the practice. An IRW staff member explained their experience of sharing with faith leaders the public health information relevant to FGM/C: 'So particularly in countries like Egypt, you know, it's like a no brainer, "Oh, it's harmful, it shouldn't be done then". Because [in] Islam, fundamentally, protection of health and life is primary.'⁶³

In the context of international development, HTPs are emphasised as a violation of human rights, and the organisations in this study have adopted a human rights-based approach to development. However, in their engagement with faith leaders on HTPs, they find a public health approach to be a good entry point. As a WVI staff member explained: 'My experience is that coming to religious leaders with a rights-based approach first, they will reject you. [They feel that a] rights-based approach will force them to become secular.'⁶⁴ All five organisations use a public health approach to create awareness and to build rapport, as public health information often serves as a way of starting sensitive and difficult conversations on specific practices. For ABAAD, the use of a public health approach, placing an emphasis on medical facts, prevents a discussion from becoming an argument about values: 'There is a greater attention when it comes to medicine. It's usually taken to heart when you're talking medicine. And so it tends to be a bit more positive or a bit easier to discuss it from this approach.'⁶⁵ Tearfund, WVI and IRW have also (in certain settings) made the public health information less academic by having a survivor come and speak with the group, discussing how it has affected him/her. However, such meetings can only occur if a survivor is willing and comfortable to do so, and if the safety and confidentiality of the meeting space can be ensured.

In the case of the four FBOs in this study, a public health approach is always combined with a **scriptural/theological approach** to addressing harmful practices. Most often sacred scriptures are the basis of an intervention, because it is a way of engaging faith leaders in terms that they are comfortable with, that they trust, and on which they see themselves as expert. Sacred scriptures are used to rethink and re-envision certain practices in terms of the equality of God's creation. In this way, sacred scripture can be a powerful weapon in challenging and transforming unequal and unjust structures and practices. In the survey, a number of respondents also emphasised the importance of this approach. For example:

⁶² Kirmani, N., and Phillips, I. 2011. 'Engaging with Islam to Promote Women's Rights: Exploring Opportunities and Challenging Assumptions'. *Progress in Development Studies* 11(2): 87–99.

⁶³ IRW, Mabad, 22 June 2017.

⁶⁴ WVI, Judy, 10 July 2017.

⁶⁵ ABAAD, Farah, 20 June 2017.

*Starting with their faith perspective in mind, rather than a rights based approach [is an effective approach]. I've found that backing into the rights from a faith perspective is more transformational, less confrontational, and more sustainable. The way I describe it is that we ask: What does God say about you/women/men/violence/protection/value of children? [versus] what does the UN say in these areas? From the faith starting point, you meet faith leaders where they're at and speak their language.*⁶⁶

A key factor holding faith leaders back from being positive catalysts that counter and transform HTPs and negative gender norms is the fact that many have had very limited theological education, and are generally of low literacy. This means that they preach and interpret sacred scripture based on little knowledge and narrow experience. Ways in which these organisations have overcome this challenge include developing toolkits, liturgical booklets and contextual bible studies that guide faith leaders in reinterpreting sacred scripture, particularly in relation to gender. However, such engagement is not without its challenges. Developing a theological grounding for interventions demands theological expertise and intensive effort, and is challenged by the different contexts in which these organisations implement their programming.

The four FBOs included as case studies report combining a theological approach with public health information as best practice. This combination allows faith leaders to address sensitive and complex issues through a discourse that they are familiar with and it builds arguments on what they view as the ultimate authoritative source, while also challenging them to make their faith and ministry as faith leaders relevant to their broader community. All four organisations have developed particular resources and methodologies that provide and guide scriptural reflection on harmful practices and GBV more broadly. In developing these materials, they have not only relied on in-house expertise, but have also engaged clergy and scriptural scholars to develop such materials. The effort these organisations have put into developing resources, and into continuously revising and improving them, is indicative of how centrally important they have found theological engagement to be.⁶⁷

ABAAD, in its work with faith leaders, chooses not to engage theologically, stating that it is not equipped to do so. While its engagement with faith leaders may spark theological reflection, this is not something ABAAD cultivates or facilitates. While it is hard to generalise from one case study, it does suggest that engaging theologically is not something an NGO can do without a faith-based partner, as non-faith organisations lack the knowledge and authority within a particular faith context. Therefore, while this study suggest that all organisations can engage with faith leaders in their work on HTPs, it also suggests that FBOs are uniquely able to engage theologically. This highlights the importance of having *faith-based* organisations working on HTPs, as they have the skills and authority to facilitate faith-based investigation of these practices.

Yet such engagement is not 'one size fits all'. An FBO has to have the authority and trust to be able to engage theologically with a particular faith community – and they cannot do this for all faiths and for all faith groups. When engaging theologically on such sensitive issues such as HTPs, it is of great benefit if the organisation that does so is seen as authentic and authoritative within the particular faith. If it is a non-faith organisation facilitating such theological engagement, or an FBO not seen by community members as truly religious (according to their understanding of religion), it could result in distrust of the alternative theological interpretations being offered. An IRW participant's explanation illustrates

⁶⁶ Female, working in Africa (excluding North Africa) and Middle East, working for a FBO; note that the survey was completed anonymously and that this was the extent of the information gathered about each respondent.

⁶⁷ For example: World Vision. 2017. 'Channels of Hope for Child Protection. Christian & Muslim Reference Index'. World Vision internal document; *Of the Same Flesh: Exploring a Theology of Gender*, 2014. External policy document, Christian Aid. <https://www.christianaid.org.uk/images/of-the-same-flesh-gender-theology-report.pdf>. Accessed 13 July 2017; West, G. & Zondi-Mabezele, P. 2004. 'The Bible Story that Became a Campaign. The Tamar Campaign in South Africa (and beyond)'. *Ministerial Formation*.

the importance of an organisation being Religious, credible and authoritative. In Indonesia, IRW is able to oppose FGM/C and engage in intervention work with faith leaders and faith communities on this issue, even while the main Muslim clerical bodies support FGM/C:

*[B]ased on my experience and understanding, [the] Islamic Relief brand or name in Indonesia is still being well-accepted by any Muslim organisation ... and by any religious leaders. [IRW] ... is still being respected, because it clearly states Islamic [in the name of the organisation].*⁶⁸

The partnership between WVI and IRW around the CoH methodology illustrates how a single FBO cannot necessarily facilitate theological engagement with people of all faiths. In WVI and IRW's partnership, IRW is taking responsibility for developing the Islamic version of CoH. Both organisations saw this as necessary, as IRW (and not WVI) are the experts on the Islamic faith and its sacred scriptures. This observation also speaks more generally of the importance of adapting interventions to the particular context and setting in which it is implemented.

Theological engagement thus challenges the extent to which a particular FBO can work with people of all faiths. Adherence to humanitarian principles of giving assistance to people regardless of their faith identities (which guides humanitarian and service delivery work) remains unchallenged – and is something that all four FBOs strictly uphold. But the case studies show that theological engagement, as a particular approach to addressing HTPs with faith leaders, appears to be something that calls for an FBO of a particular faith to work with people of that faith. Working interfaith or addressing communities of other faiths should therefore be done through interfaith partnerships. The partnership between IRW and WVI, to work with Muslim and Christian faith leaders, can thus be seen as a best practice.

Interviews with the case study organisations indicate that FBOs toe a fine line when advocating for alternative theological interpretations: on the one hand, they strive to change community beliefs and perceptions, but on the other, they need to do so in a way that they are not rejected as being religiously false. This emphasises the importance of long-term engagement in communities, as this process is even more difficult (even impossible) if it has to be done in a hurry. The need for long-term engagement is also apparent in that all four FBOs have spent considerable time and resources in developing theological and scriptural materials with which to facilitate engagement on HTPs with faith leaders. In each new setting where it is used, these materials also need to be adapted in order to be contextually relevant and appropriate. Theological engagement with faith leaders are therefore not stand-alone events, but embedded in long-term engagement.

Aside from these two key approaches, in terms of the content of interventions, the case studies and survey identified a number of strategies that facilitate effective engagement with faith leaders on HTPs. **Addressing HTPs holistically** is seen as a constructive approach, not only because the drivers of HTPs are multiple and interrelated, but because such engagement generates less resistance. HTPs are embedded in broader structures of injustice and violence, shaped by economic and political factors as well as class, race, ethnicity and gender. The case studies demonstrate that approaches to challenging HTPs should acknowledge this and therefore not focus exclusively on faith or faith leaders. IRW, for example, addresses HTPs holistically as a poverty-related problem, while CA addresses them as part of gender injustice.

Furthermore, the FBO case studies highlight how important it is to **address faith leaders in a constructive and positive way**, acknowledging the (potential) roles they can play in challenging violence and injustice in their communities, rather than focusing on how they might promote or legitimise HTPs. This is done by emphasising how challenging HTPs and the religious drivers of HTPs

⁶⁸ IRW, Aazim, 22 June 2017.

offer opportunities for faith leaders to expand and deepen their ministries. The importance of empowering faith leaders should also be seen against the background of the limitations in (theological) education that was noted above. The programmes offered by faith-based development organisations are often appreciated as educational opportunities.

Furthermore, the same constructive approach should be part of how engagement on HTPs is presented. This allows faith leaders to see themselves as champions for people's rights and safety, rather than as opposing their culture or faith. While it will remain challenging for faith leaders to take on this role in their communities, given the sensitivities outlined above, it helps if they can acquire a positive identity while challenging HTPs. This means that they must also be taught the possibilities of acting as champions, as well as the necessary skills, such as advocacy and community engagement.

An example of such positive engagement is mobilising faith leaders around alternative initiation rituals. Literature on FGM/C suggests that faith leader engagement in alternative initiation rituals is successful, because it offers a middle way between condemning FGM/C and respecting local ritual practices.⁶⁹ Faith leader engagement gives the alternative initiation a certain authority and, when combined with the engagement of other leadership, forges a broad support base for eradicating the HTP in a community. In addition, the practice of public and communal pledges in which local faith leaders participate has also been reported as effective in challenging FGM/C and CEM.⁷⁰

Based on what was learnt from the case studies, it is strategically advisable to **engage with all levels of the faith hierarchy**.⁷¹ This is particularly important for faith groups with extensive denominational leadership structures, such as Anglican and Catholic groups. The work of local faith leaders can be halted or even countered when it is not supported by the faith leadership at district, regional, national and/or international levels, while the encouragement and support of those higher up within the faith hierarchy can serve to motivate local faith leader activity. Thus it is important to have multilevel engagement with the faith hierarchy, as an interview with a CA participant illustrates: 'There can be quite localised interpretations of faith ... you can't just convert senior faith leaders [to the cause of addressing GBV] and then that will automatically trickle down.'⁷² Sometimes senior faith leaders' promotion of alternative practices can even lead to non-uptake by faith leaders at community-level.⁷³ Acknowledging the importance of engaging on multiple levels, the four FBOs in this study all aim to engage more with seminaries and schools that offer theological training.

⁶⁹ See, for example, the approach developed by Tostan in Senegal (and widely replicated by other organisations), which combines communal pledges to stop FGM/C or CEM with alternative initiation rituals that do not involve any practices that are harmful to women and girls. Faith leaders are engaged to give authority and legitimacy to such alternative rituals. Cf. Klugman, J., Hanmer, L., Twigg, S., Hasan, T., McCleary-Sills, J., & Santamaria, J. 2014. *Voice and Agency: Empowering Women and Girls for Shared Prosperity*. World Bank Publications; McCleary-Sills, J., Hanmer, L., Parsons, J., & Klugman, J. 2015. 'Child Marriage: A Critical Barrier to Girls' Schooling and Gender Equality in Education'. *The Review of Faith & International Affairs* 13(3): 69–80; Abusharaf, R. M. 2006. *Female Circumcision: Multicultural Perspectives*. Pennsylvania Studies in Human Rights, Philadelphia: University of Pennsylvania Press; Shell-Duncan, B. & Hernlund, Y. 2006. 'Are there "Stages of Change" in the Practice of Female Genital Cutting?: Qualitative Research Findings from Senegal and the Gambia'. *African Journal of Reproductive Health* 10(2): 57–71.

⁷⁰ Gruenbaum, 2015; Walker, J.-A. 2015. 'Engaging Islamic Opinion Leaders on Child Marriage: Preliminary Results from Pilot Projects in Nigeria'. *The Review of Faith & International Affairs* 13(3): 48–58; Haile, H.B., Bock, B., & Folmer, H. 2012. 'Microfinance and Female Empowerment: Do Institutions Matter?' *Women's Studies International Forum* 35(4): 256–265; Klugman et al, 2014.

⁷¹ Le Roux, E., Kramm, N., Scott, N., Sandilands, M., Loots, L., Olivier, J., Arango, D.J., & O'Sullivan, V. 2016. 'Getting Dirty: Working with Faith Leaders to Prevent and Respond to Gender Based Violence'. *The Review of Faith & International Affairs* 14(3): 22–35; Kamanga, G. 2014. 'Channels of Hope for Gender: Uganda Case Study'. CA: World Vision. Accessed 13 October 2017. http://www.wvi.org/sites/default/files/CoH4G_Uganda%20Case%20Study.pdf.

⁷² CA, Cheryl, 29 June 2017.

⁷³ Van Raemdonck, 2016

The importance of encouraging positive peer group pressure amongst faith leaders is also why **faith leader networks around a particular, practical concern** are seen as a strategic approach. For example, CA has identified the building of national and regional faith leader networks on gender as an effective and safe way of engaging faith leaders at a senior level. Dialogue forums such as the (inter) Faith Actors Dialogue Forum in Nigeria, the (inter) Faith Network in Brazil, and the Gender Faith Network in Zimbabwe, were all seen as having mobilising and scaling impact for change.⁷⁴ These forums enable engaged faith leaders to build shared momentum and credibility, develop

Recommendations

- Share basic health information with faith leaders, as insight into the health consequences of HTPs can be a great motivator to challenge these practices.
- A public health approach should be combined with theological engagement, as it enables faith leaders to address sensitive and complex issues using a familiar and authoritative discourse.
- Engage faith leaders in a way that equips and empowers them to challenge HTPs.
- Engage with the faith leader hierarchy both bottom-up and top-down, and preferably in networks around a shared concern (e.g. health and family relations).

rooted advocacy strategies, influence conservative peers, and engage with policy at community, state and regional levels. ABAAD reported similar experiences with building a network of faith leaders around the issue of domestic and gender-based violence. Furthermore, ABAAD found that creating networks that include both faith leaders and civil society organisations helped in building a broad and progressive coalition for gender justice and transformation in Lebanon – where before, civil society organisations mistrusted faith leaders.

6.4 The practicalities of intervention

It is noteworthy that all the organisations' main method of intervening on HTPs with faith leaders is through small (often segregated based on age and gender) **discussion groups** that meet repeatedly. With some organisations, these groups are more formal and structured, including a set curriculum and training (for example WVI's CoH), while others are less formal, requiring only a facilitator skilled at eliciting conversation (for example IRW's Ethiopian pilot project, *Combating GBV of women and girls in Dekasuftu Woreda Somari Regional State of Ethiopia*). These discussion groups are experienced as safe spaces for/by participants – be it faith leaders or general community members – and conducive to broaching sensitive subject matter such as HTPs.

Based on the organisations' experience in making such discussion groups safe spaces, a number of factors are crucial to setting them up:

- The groups should be hosted in a space where participants will feel safe – both physically, but also safe from unexpected interruptions.
- Groups must be created with sensitivity to the power dynamics between participants, especially those of gender and age. Gender-segregated and age-segregated groups, with same-sex facilitators, have proven most effective. At the same time both CA and Tearfund recommend that at a later stage in the process (e.g. after eight sessions as a gender-

⁷⁴ See 'Gender Faith Network, Zimbabwe', 2015, internal powerpoint presentation, Christian Aid.

segregated group), people of different genders and ages are brought together for facilitated conversation and ‘active listening’. This was seen as crucial to the transformation of faith leaders in particular.

- Group participants should participate on a volunteer basis only. As these groups tackle very sensitive and loaded subject matter, participants’ willingness to engage is important to ensuring their active participation in the group.
- Culturally sensitive language should be used in groups, otherwise it can destroy trust and the safe space. The terminology being used (especially the terms for specific practices and body parts) should be locally understood.
- Good facilitation is the key to the effectiveness of discussion groups. A good facilitator is sensitive, patient, flexible, responsive, and understands the local context, culture and religion. He/she should be non-judgemental and non-directional, particularly when facilitating discussion on HTPs, to allow participants to openly discuss their thoughts and beliefs.
- The creation and building of trust is crucial to the success of these groups. To build trust takes time – and this is why HTP discussion groups cannot be rushed. Closed groups also help group trust to form, therefore it is advised that newcomers do not join the groups after the first session. How heated conversations are handled is also influential in building or destroying trust. IRW has found it effective to stop discussions that become too heated and threaten the safe space, and having the facilitator do individual follow-up conversations.

Based on the case studies’ reflection on the content of such discussions, when such groups explore HTPs from the perspective of religion it is very important that they have **access to contextual theological engagement and materials**. Good, contextual theological materials from credible sources that inform these small group discussions are critically important for transforming attitudes. Theological toolkits offer accessible methodological tools for small groups, and contextual bible study approaches⁷⁵ can allow multiple voices to emerge and be heard. These materials help to shape a safe theological space that can begin to assist faith leaders and communities to break the silence around these issues.

Particularly when working with male faith leaders, CA has found it effective to engage **men’s groups** that already actively challenge gender inequality. Arguably, due to their position of power within a patriarchal institution and culture, male faith leaders can be dismissive if intervention efforts are led by women’s groups. Some are more receptive to intervention from men. This approach does carry some risks, arguably most importantly that, while all-male conversations on gender inequality may work to engage men in addressing gender inequality, such conversations may fail to challenge underlying patriarchal norms.⁷⁶ CA tries to overcome this challenge by ensuring men’s groups liaise with women’s groups to ensure shared messaging.

Arguably at least partly due to the focus of this research piece, the five organisations’ discussions of engaging on HTPs and creating safe spaces centred on engaging with faith leaders and faith community members in general. ABAAD, however, emphasised that **creating safe spaces** should be a priority when engaging people in challenging HTPs. In these safe spaces, free discussion of HTPs should be possible, *for all people*, and not only for survivors, or only for women, or only for those belonging to a faith community. Apart from their survivor shelters (or safe houses), they have gender-segregated centres where men and women can go during the day for a range of activities (including raising awareness of GBV and providing counselling). These activities are intentionally designed for different age groups, thus creating safe spaces for all.

⁷⁵ West & Zondi-Mabezele, 2004.

⁷⁶ Flood, M. 2015. ‘Work with Men to End Violence against Women: A Critical Stocktake’. *Culture, Health & Sexuality* 17(supp2): 159–176.

Recommendations

- Small groups are conducive to discussing HTPs. To ensure that such groups are safe spaces where transformative discussion can be open and confidential, groups should:
 - be hosted in a safe space
 - be gender-segregated and age-segregated, but also allow for facilitated conversation across these groups
 - be voluntary, with no one forced to participate
 - use faith-sensitive and appropriate language and terminology
 - be facilitated by well-trained, theologically trained and skilled facilitators
 - prioritise the development of trust within the group, particularly through taking time and not rushing the process.
- Group discussions with faith leaders should engage theologically and use contextual theological materials.
- When properly guided and connected to women's groups, men's groups can be effective in working with male faith leaders.
- Interventions should prioritise the creation of safe spaces, for those affected by HTPs, but also for discussion of HTPs.

6.5 Partnering faith

Reflecting especially on the case studies, as well as scholarly literature, there emerges some guidelines for how to partner with faith, faith communities and faith leaders in responding to HTPs; for intervention programmes in identifying faith-based partners with which to partner; and also for FBOs in identifying non-faith partners (both individuals and organisations).

Firstly, not one of the five organisations see faith leaders, faith communities or FBOs as their only partner in addressing HTPs. While each organisation has developed particular approaches in terms of how they engage with faith leaders, they are **embedded within broader, community-based approaches** in which multiple partnerships with community actors and leaders are forged. None of these organisations work directly with only faith leaders on only HTPs; they partner with other organisations and institutions, they work with various community leaders, and they work on a number of social issues.

The case studies suggest that an exclusive focus on faith, faith communities and faith leaders can be problematic, as it can create division within communities. It is important, prior to designing and implementing intervention programming with faith leaders, to gain insight into what the consequences will be for the power dynamics within the local contexts, and to adjust programming accordingly.⁷⁷ For example, WVI has now started to also include cultural and traditional leaders in their programmes that previously focused only on faith leaders, as their evaluation data has shown that an exclusive focus on faith leaders hampers inclusivity. As another example, all four FBOs have realised that engaging with faith leaders needs to be done critically, lest they reproduce the patriarchal structures that privilege male faith leaders. Therefore, all four FBOs are quite intentional in including women and youth (also women and youth faith leaders) in intervention programming.

⁷⁷ Østebø & Østebø, 2014.

Both the case study interviews and the online survey asked participants/respondents to reflect on effective interlocutors. 'Interlocutors' were defined as people who are able to introduce and lead conversations on HTPs in communities. Considering the focus of this study, which was clearly communicated to all participants and respondents prior to their participation, as well as the nature of the work of the majority of the participants/respondents, it was not surprising that **faith leaders** were the interlocutors most often identified and discussed.

Faith leaders' effectiveness as interlocutors on HTPs was argued by referring to their effectiveness in responding to other social problems, such as humanitarian crises, HIV and Ebola. A Tearfund participant explained that, in responding to Ebola in Sierra Leone, faith leaders were particularly important:

*Look what happened with Ebola here. With Ebola we had a game change when faith leaders came on board, it really changed things, it started reducing. So that is why I think we have to have faith leaders on board with FGM/C. It will be key.*⁷⁸

It is apparent, though, that faith leaders are more effective interlocutors in certain geographical regions and communities, where faith is generalised and part of community life. Not only are faith leaders not as influential in all communities; not *all* faith leaders are influential. The five organisations studied have developed certain strategies for identifying faith leaders who can be effective interlocutors in responding to social issues such as HTPs. Firstly, when starting to work in a community, one possibility is to 'map' all the different faith leaders, identifying those who could potentially be more receptive to messaging around HTPs. In working with such faith leaders first, developing them as champions, they can go on to be influential in working with other faith leaders in the community. Østebø and Østebø (2014), however, suggest that such an analysis should not only include a focus on faith leaders' theological profiles, but also on their power, influence and relations in the community and in relation to one another.⁷⁹ Their analysis of a case where conflict emerged between faith leaders engaged in challenging FGM/C and those who were not, illustrates that engaging with certain faith leaders while not working with others may cause backlash.

Secondly, 'faith leader' is a broad category, and this should be reflected in engagement. There are different religions, as well as the different traditions (or schools/denominations) within a religion – all of which should be taken into account. Furthermore, non-clergy faith leaders, women faith leaders, and youth faith leaders should also be included. It is important to ensure that engagement with faith leaders is adequately diverse in terms of the type of faith leader.

Thirdly, faith leaders from all levels of the faith hierarchy should be included. As this was discussed earlier in more detail, suffice it to say that only including grassroots-level faith leaders, or only senior, national-level leadership, can seriously hamper engagement and activity on HTPs. WVI, for example, reported various settings where such multilevel engagement with the faith hierarchy has proven to be crucially important. For example, in the context of India and Lebanon, given the plural religious-political setting, as well as within Catholic contexts because of the hierarchical nature of the Catholic Church, the organisation emphasises that interventions should work with grassroots faith leaders *and* with leaders at the top of the faith group hierarchy.

Survey respondents identified two groups of interlocutors that they felt are best positioned to lead community conversations on HTPs. The existing leadership within communities emerged as an important avenue of engagement, as faith leaders (32%) and traditional leaders (20%) were selected most often. The mentioning of **traditional or cultural leaders** is significant regarding the focus on

⁷⁸ Tearfund, Engela, 27 June 2017.

⁷⁹ Østebø & Østebø, 2014.

HTPs, given that the relationship between religion and culture has been identified as one of the factors contributing to HTP perpetration. It has been argued that traditional leaders, such as village chiefs and elders, should be targeted and engaged more explicitly in interventions; WVI, for example, is now specifically including traditional leaders, identifying their positions and attitudes in baseline research and engaging with them more explicitly in programme planning.

Taking into account that HTPs are generally most harmful to women and girls, **women and youth** can be excellent interlocutors. As FBOs have found in their intervention activities, **survivors and those affected** by HTPs are also effective interlocutors. All of the organisations strongly advised, though, that this is only done as long as they are fully willing to act as such and can do so within safe and confidential spaces. The contribution of **local health experts** is crucially important given the centrality of public health in the approaches of the organisations. Finally, **people who volunteer** to support interventions challenging HTPs are seen as very passionate and therefore often highly effective.

The ideal interlocutor would be someone who embodies multiple identities; for example, a female health expert who is also a survivor and volunteers to participate in activities on HTPs. With the authority, experience, knowledge and drive from these multiple identities, she becomes an effective and influential interlocutor. A study on women's Islamic activism in Burkina Faso illustrates how effective interlocutors with multiple identities can be.⁸⁰ The study argues that female faith leaders have developed their messages on FGM/C and Islam based on long-term engagement with women in local communities. As such they ground their messaging in Islamic discourse, unlocking local women's perspectives in contexts where they are often silenced, while at the same time strengthening women's voices and women's faith authority.

Recommendations

- Faith leader engagement is most effective when part of broader community-based approaches; an exclusive focus on faith leaders is not recommended.
- Systematic and contextual analysis of the (wanted and unwanted) consequences of working with faith leaders should be done – and intervention programming adjusted accordingly.
- Effective engagement of faith leaders requires knowledge on the roles and relations of faith leaders in the faith and broader community.
- Include non-clergy leaders as interlocutors, in particular women and youth who are most affected by HTPs.
- Include cultural and traditional leaders, local experts, passionate volunteers and survivors.

7. Conclusion

No more 'harmful traditional practices' is at once an aim as well as a critical call to rethink the terminology used to address the violence and injustice affecting women and girls. Informed by literature review, case study research and a survey, this study has illustrated how especially the dimensions of gender and patriarchy are made invisible in the term 'HTP'. This is deeply problematic, as well as hampering the aim of challenging VAWG.

⁸⁰ Gomez-Perez, Muriel. 2016. 'Women's Islamic Activism in Burkina Faso: Toward Renegotiated Social Norms?' *Canadian Journal of African Studies/Revue canadienne des etudes africaines* 50(1): 45–63.

Reflecting on the work that has been done around the world with various faith communities, it is necessary to pay heed to what grassroots praxis is saying. The term 'harmful traditional practices' is hampering community-based response to these practices. It is therefore recommended that policymakers and organisations rather use the term 'violence against women and girls' or 'gender-based violence'. Furthermore, a focus on underlying ideologies, such as 'patriarchy' or 'harmful masculinities', enables more productive engagement on various harmful practices in the form that they take within particular contexts – including in Western societies. Donors, policymakers and organisations based in the West are the pre-eminent leaders in ensuring the dominant terminology becomes more reflexive, critical and inclusive.

Speaking to the aim of 'no more harmful traditional practices', this study has demonstrated that faith leaders are important actors in challenging and eradicating such practices. Religion is one of the drivers of various practices that are harmful mainly to women and girls. Addressing these practices therefore requires engaging with religion in both critical and constructive ways. Those who lead faith institutions are often the key gatekeepers to faith communities, and engaging faith leaders is therefore important in order to challenge the religious drivers of harmful practices. This study has identified several approaches, strategies, and practical guidelines for working with faith leaders on practices that are harmful to women and girls. Combining public health knowledge with scriptural/theological reflection is emphasised as a best practice. The findings suggest that faith and faith leaders are not merely instrumental, but can play transformational roles with regard to violent and harmful practices.

Faith leaders are not the magic bullet in challenging HTPs. Harmful practices emerge and are performed in particular local contexts in which religion is intertwined with other elements of culture, ethnicity, race, and class, as well as economy, politics and broader power relations. Faith leader engagement should therefore always be part of broader community approaches and partnerships between various community actors and interlocutors. Such community approaches can be facilitated by both faith-based and non-faith organisations – engagement with faith leaders should not be limited to FBOs. However, when such engagement is theological, requiring scriptural engagement and religious interpretation, FBOs prove to be authentic and authoritative within the particular faith tradition.

In conclusion, the following key recommendations from this study are offered, aimed in particular at policymakers and practitioners:

- Do not use the term 'harmful traditional practices' when working in communities.
- If a specific practice is being addressed and needs to be identified, do not generalise but rather name the specific practice, using the terminology considered contextually appropriate.
- Policy, programming and projects should focus on challenging violence (e.g. VAWG or GBV) and gender inequality, rather than HTPs. This allows for context-appropriate programming and projects that acknowledge gender inequality and violence as problems common to all societies (and not just non-Western ones). It also does not hide the gendered nature of violence.
- Religion is a contributing factor to the continued existence of HTPs, therefore comprehensively addressing HTPs will require engagement with religion.
- A public health approach should form part of engaging faith leaders on HTPs. Many lack even basic sexual and reproductive health knowledge – which is highly pertinent to HTPs such as FGM/C.
- Engaging with faith leaders on HTPs should include a theological, scriptural component, as it enables faith leaders to address sensitive and complex issues while using a discourse and framework they know and respect.

- Engage with the diversity of faith leaders, while also recognising the leadership hierarchy within certain traditions.
- Small group discussions are particularly conducive to discussing HTPs with faith leaders and should include contextual theological materials.
- Faith leader engagement is most effective when part of broader community-based approaches; an exclusive focus on faith leaders is not recommended.

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